MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/532919	4-27-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9			1				59						
10				1			60						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⇩	2	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦	8	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS			10				TOTAL CLAIMS						